



# ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

## Livestock Facility Inspection Checklist

### GENERAL INFORMATION

TYPE OF INSPECTION:

☒ CAFO ☐ COMPLAINT ☐ RECONNAISSANCE ☐ ERU FOLLOW UP ☐ OPERATOR REQUEST ☐ OTHER

FACILITY NAME (LLC, Inc., Corp, Partnership, sole proprietorship, etc.)

**Maschhoff - New Minden Site**

INSPECTION DATE

**2/20/13**

ARRIVAL TIME

**8:45 AM**

ADDRESS

**17000 St Rt 127**

INSPECTOR(S)

**Brian Rodely**

DEPARTURE TIME

**10:30 AM**

CITY

**Hoyleton**

STATE

**IL**

ZIP CODE

**62803**

ACCOMPANIED BY (if applicable)

**Bruce Rodely**

COUNTY

**Washington**

SECTION

**7**

TOWNSHIP

**1S**

RANGE

**2W**

POLITICAL TOWNSHIP

**Hoyleton**

TEMPERATURE

**24F**

PRECIPITATION TYPE

**None**

Facility Owner(s):

NAME

**The Maschhoffs**

CONTACTED

☒ YES ☐ NO

PHONE

**Exemption 6 and Exemption 7(C)**

MOBILE

ADDRESS

**Exemption 6 and Exemption 7(C)**

CITY

STATE

ZIP CODE

NAME

CONTACTED

☐ YES ☐ NO

PHONE

MOBILE

ADDRESS

CITY

STATE

ZIP CODE

Facility Operator(s):

NAME

**Art Braunmeir**

CONTACTED

☒ YES ☐ NO

PHONE

**Exemption 6 and Exemption 7(C)**

MOBILE

ADDRESS

CITY

STATE

ZIP CODE

NAME

**John Kroeger**

CONTACTED

☒ YES ☐ NO

PHONE

**Exemption 6 and Exemption 7(C)**

MOBILE

ADDRESS

**S**

CITY

STATE

ZIP CODE

### NPDES PERMIT INFORMATION (If no NPDES Permit, skip this section)

1. What type of NPDES permit has been issued?

☐ Individual NPDES Permit

☐ General NPDES Permit

NPDES #

2. What date was the NPDES permit issued?

3. What date does the NPDES permit expire?

4. Is a copy of the NPDES permit onsite?

☐ YES

☐ NO

5. Permitted number of animals (no. & specie)?

6. Does the NPDES Permit contain a compliance schedule?

☐ YES

☐ NO

7. Have there been any changes made to the production area since the permit was issued?

☐ YES

☐ NO

If "YES", provide a detailed description of those changes.

**None**

<b>LAND APPLICATION/NUTRIENT MANAGEMENT</b>		
1. How many TOTAL acres are available for land application? <u>1735</u> acres		
2. How many acres are READILY available for land application at the time of inspection? <u>1435</u> acres		
3. Estimated annual quantities of liquid waste <u>6,300,000</u> gallons		
4. Estimated annual quantities of solid waste <u>192000#</u> tons		
5. Does the facility have a contractor perform land application? If "YES", Name of Contractor: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6. What type of land application equipment is available to the facility? <input checked="" type="checkbox"/> Umbilical Injection <input type="checkbox"/> Honeywagon Injection <input type="checkbox"/> Honeywagon Surface <input type="checkbox"/> Irrigation <input type="checkbox"/> Rotational Gun <input type="checkbox"/> Manure Spreader <input type="checkbox"/> Vegetative Filter <input type="checkbox"/> Other _____		
7. Does the facility calibrate the land application equipment? If "YES", What method is used? <b>Manufacturer Recommendation</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
8. Does the facility land apply within the 150 foot setback from any water well? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
9. Does the facility land apply within the 200 foot setback from any surface water? If "YES", Explain	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
10. Does the facility land apply near any residences? If "YES", Explain <b>Neighbor to field</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
11. Is livestock waste transferred off-site to another party? If "YES", Are records of manure transfers kept? If "YES", Ask to see records	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
12. Does the facility have a current NMP or CNMP? If "YES", Does the facility maintain a copy of the nutrient management plan (NMP) onsite?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
13. Does the NMP reflect the current operational characteristics (number of animals, cropping, etc.)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
14. Are the number of acres owned/leased consistent with those in the NMP?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
15. Is manure and wastewater being applied in accordance with setback/buffer requirements of the NMP?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
16. Are all of the records identified in the NMP being maintained and kept current?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
17. Are records being maintained at the required frequency?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
18. Are records being maintained onsite for the period required by NMP and/or NPDES permit?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
19. Is the NMP adequately addressing the storage, handling and application of manure and wastewater to prevent discharges to waters of the U.S.?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**LIVESTOCK FACILITY DESCRIPTION**

Type of Animals	Number of Animals (currently)	Animal Capacity	Type of Confinement	Number of Structures
SWINE > 55 LBS		19200	TOTAL CONFINEMENT BDG	6

Does the facility have an Illinois Certified Livestock Manager (300 or greater animal units)? ☐ N/A ☒ YES ☐ NO

If greater than 1000 animal units but less than 5000 animal units, does the facility have a waste management plan? ☐ N/A ☒ YES ☐ NO

If greater than 5000 animal units, has the facility submitted a waste management plan to IDOA for review? ☐ N/A ☒ YES ☐ NO

Does the facility have any other locations under common ownership, or where equipment and/or manure is shared, or where the other site shares land application sites? If so, put names and addresses below. ☒ YES ☐ NO

**New Minden and Georgia sites are considered 1 site for the plan, and land application listed above.**

**LIVESTOCK WASTE STORAGE**

1. Does the facility have any existing livestock waste containment system? ☒ YES ☐ NO  
If NO, then proceed to question 10.

2. General description of the waste containment system (include solid and liquid manure handling, mortality, and feed storage areas).

**Underfloor deep pits and watertight dumpsters in dead shed for mortalities.**

Type of Storage	Total Storage Capacity (Specify Units)
<input type="checkbox"/> Anaerobic Lagoon	
<input type="checkbox"/> Covered Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Above Ground Storage Tank ("Slurrystore")	
<input type="checkbox"/> Below Ground Storage Tank	
<input type="checkbox"/> Settling Basin	
<input type="checkbox"/> Roofed Storage Shed	
<input type="checkbox"/> Concrete Pad	
<input type="checkbox"/> Impervious Soil Pad	
<input checked="" type="checkbox"/> Underfloor Pits	<b>6,900,000 gallons</b>
<input type="checkbox"/> Anaerobic Digester	
<input type="checkbox"/> Manure Stacks	
<input type="checkbox"/> Vegetative Filter	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

3. Do the storage structures have depth markers or staff gauges? ☒ YES ☐ NO

4. Are levels of manure in the storage structures recorded and records kept? ☒ YES ☐ NO

5. Do the storage structures have adequate freeboard? ☒ YES ☐ NO

6. Estimated final stage storage structure freeboard 60 in. of total depth 96 in.

7. Do facility personnel perform routine visual inspections of the storage structures? ☒ YES ☐ NO

8. Are the routine visual inspections documented? ☒ YES ☐ NO

9. Does the system have an outfall or discharge point? ☐ YES ☒ NO

If "YES", please provide a description (overflow pipe, spill way, etc. Include a description the area receiving the discharge).

**None**

10. Are there any portions of the production area where runoff is not controlled? ☐ YES ☒ NO

If "YES", provide a detailed description of the area(s) of concern:

**None**

#### **MORTALITIES MANAGEMENT**

1. How are mortalities managed? (Composted, buried, burned, rendering service, other)

**Rendered by Darling.**

2. Are mortalities documented and are records kept? ☒ YES ☐ NO

**FACILITY WATER SOURCES**

1. What type of method is used to provide drinking water for the animals?  
☐ Overflow waters    ☐ Tip Tanks    ☒ Nipple waters    ☐ Water Bowls    ☐ Other \_\_\_\_\_
2. How is the water for animals obtained?  
☐ Community PWS    ☐ On-Site Well    ☒ On-Site Impoundment    ☐ Other \_\_\_\_\_
3. Is a mist cooling system used? ☒ YES    ☐ NO  
How is mist water contained?  
**Drains to the pit.**

**DAIRY OPERATION (If No Dairy, skip this section)**

1. How many times per day are cows milked? \_\_\_\_\_
2. Describe how the dairy's non-contact cooling water is contained (Example: it is reused for drinking water for the animals).  
**None**
3. Describe how the milking parlor is cleaned (hose or flush) and where the process wastewater goes and how it is contained.  
**None**
4. Describe how the tank(s) are washed and where the process wastewater goes and how it is contained.  
**None**
5. Describe where process wastewater from the plate cooler goes and how it is contained.  
**None**

**BEDDING (If No Bedding, skip this section)**

1. Describe what type of bedding is used for the animals.  
**None**
2. Describe how bedding is collected and how often.  
**None**
3. What is done with the used bedding? ☐ Reused    ☐ Land Applied

**MANURE COLLECTION**

1. How is manure collected?
- ☒ Under Floor Pit
- ☐ Scraped: ☐ Automatic ☐ Manual
- ☐ Flush
- ☐ Solids Separator
- ☐ Other: \_\_\_\_\_
- ☐ None
2. If manure collection system uses either clean or reused water to flush, describe where this water goes and how it is contained.
- None**

**FEED STORAGE CONTAINMENT**

1. Describe how feed (silage, hay, etc) is contained.
- ☒ Bulk Bins
- ☐ Silage Pit
- ☐ Ag Bags
- ☐ Hay: ☐ Barn ☐ Outdoor
- ☐ Other: \_\_\_\_\_
2. Describe how feed (silage, hay, etc) runoff is contained.
- ☒ Not Applicable – Feed totally enclosed
- ☐ Other: \_\_\_\_\_
- ☐ None

**RECEIVING SURFACE WATERS**

1. Provide a description of the flow path from the facility to the nearest named surface water.

**Unnamed tributaries and overland flow 1.5 miles north to Coon Creek.**

2. What is the name of the receiving stream?

**Coon Creek**

3. Status of the named surface water: ☒ Intermittent ☐ Perennial

4. Are any unnatural bottom deposits observed in the receiving stream: ☐ YES ☒ NO

If "YES", provide a description of the deposits: **None**

**DISCHARGES**

1. Have there been any documented discharges of livestock waste to surface water <i>in the past year</i> ? If "NO" proceed to question 2.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a. If "YES", specify the date(s). _____		
b. What was the reason for the discharge?		
c. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. What was the precipitation amount? (if applicable)		
e. Was IEMA notified of the discharge?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Has the facility taken corrective action to remedy the situation which caused the discharge(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "YES", describe actions taken: <b>None</b>		
2. Is the facility currently discharging livestock waste from the production area? If "NO" proceed to next section.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
a. Was the discharge the result of a 25 year-24 hour rainfall event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. What was the precipitation amount? (if applicable)		
c. What is the reason for the discharge?		
d. Were water quality samples taken?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. If "YES", how many? _____		
f. What parameter(s) tested? <input type="checkbox"/> pH <input type="checkbox"/> Ammonia <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Phosphorus <input type="checkbox"/> BOD <sub>5</sub> <input type="checkbox"/> Total Susp Solids <input type="checkbox"/> Fecal <input type="checkbox"/> Diss O <sub>2</sub> <input type="checkbox"/> Other _____		

**BIOSECURITY – Inspection Activities**

1. Were biosecurity measures discussed with the facility prior to inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has there been 24-hours downtime between inspections for all IEPA personnel present?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
3. Was the order of inspection conducted from high risk to low risk?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Did all personnel stay outside livestock management and livestock waste handling facilities as defined in 35 IAC 501.285 and 35 IAC 501.300? If "YES" skip to question 7.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**BIOSECURITY – Personal Protection Equipment**

5. Was sanitary footwear donned prior to entering the livestock management/waste handling facility(s)?	<input checked="" type="checkbox"/> N/A Did not Enter	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
6. Were disposable coveralls donned prior to entering the livestock management/waste handling facility(s)?	<input checked="" type="checkbox"/> N/A Did not Enter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Was sanitary footwear used during the inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Was disposable sanitary outerwear disposed at the facility?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

**BIOSECURITY – Vehicle**

9. Was the vehicle parking location discussed with the facility prior to inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
10. Was the vehicle washed since the inspection prior to current? If "YES" skip to question 12.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
11. Was the vehicle parked >300-feet from the livestock management/waste handling facility? Explain where vehicle was parked:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Was IEPA vehicle used on site?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
13. Was facility vehicle used on site?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**BIOSECURITY – Inspection Equipment**

14. Was all equipment wiped down with anti-bacterial wipes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
15. Was sample cooler kept inside vehicle during inspection? If "YES" skip question 16.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
16. Was sample cooler wiped down with antibacterial wipes before placing back into vehicle?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO

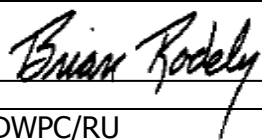
**OTHER COMMENTS/NOTES**

**Facility had a whey line break on the west end of the New Minden north barn that drained into the limestone parking lot and had pooled at the southwest end of the lot. The facility dug a pit at the southwest corner of the parking lot to collect whey. Fresh water was used to flush the affected area of the limestone lot draining to the temporary pit and pumped to the waste handling pits of the buildings. Approximately 250-500 gallons of whey feed was released from the barn into the parking lot. There was no feed enter any ditches or drain beyond the limestone lot.**

**The entire site was inspected and no discharge was noted from the barns, mortality shed, or feed storage. Secondary containment is used around the 20,000 gallon whey feed tank. Mortalities are stored in a watertight bin located inside a dead shed.**

**Art Braundmeier called the Marion Regional office on 02/15/13 to report the incident and was advised to call in the livestock waste release to IEMA and follow up with the 5-day written report. IEMA report #H-2013-0149 was generated from the call placed on 2/15/13 and the 5-day written report was sent on 02/20/13.**

Check all attachments: ☐ Narrative ☒ Photos ☒ Site Plan ☐ Sample Results

**INSPECTOR'S SIGNATURE****REPORT DATE**

**03-13-13**